



24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR 19 A 10: 29

		
1. Person Making the Disbursements/Obliga	ations	
(a) Name AMERICAN RIGHTS A	T WORK	
(b) Address (number and street) check if differ	ent than previously reported	2. FEC Identification Number
1100 17th Street, NW	Suite 950	Z. I EO Identification Number
(c) City State and ZIP Code		C
Washington, DC 20036		Secretaria de la constitución de
(d) Name of Employer or Principal Place of Business	(e)	Occupation
☐ New		09 09 2008
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3. is This Statement or	4. Covering Period	through
Amended		09 14 2008
5. (a) Date of Public Distribution(s)	9 2008 (b) Commu	nication Title See Saw ME
6. The filer is a(n): (a) Individual (b) Unir	acorporated Organization (c)	Qualified Nonprofit Corporation (11 CFR 114.10)
(d) Corporation, Labor Organization or Qua	alified Nonprofit Corporation making	g communications under 11 CFR 114.15
(e) Other, specify:		
if the filer is an individual, unincorporate were the disbursements made exclusive	d organization or qualified no ly from donations to a segreg	enprofit corporation, Yes No V
8. Custodian of Records		
(a) Name Kimberly Taylor		
(b) Address (number and street) 11 00 17 th Street,	NW Suite 950	
(c) City, State and ZIP Code Washington, DC		
(d) Name of Employer or Pfincipal Place of Business	(e)	Occupation
American Rights a	at Work	Finance Officer
9. Total Donations This Statement	Several Services	000
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0. Total Disbursements/Obligations This St	atement	1.7.0,5.5.7.2.0
	mentennis	de la contraction de la contra
Under penalty of perjury, I certify that this stateme		
TYPE OR PRINT NAME OF PERSON COMPLETING	form Kimberly	A. Freeman
Wall of the	Tilmin -	02-10-2009
SIGNATURE SIMULULAY JU	DA DA	/
NOTE: Submission of Poles arradous or incomplate	information may cublect the person signing th	his statement to the nanelties of 2 I I S C 8427a